

Please print in ink (preferably black) or use typewriter		<div>Town Of Nolensville</div> <div>An Equal Opportunity Employer</div> <div>Application for Employment</div>						
<div>Employees of the Town Of Nolensville and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.</div>						<div>As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.</div>		
1. Position applied for			(one per application)			2. Agency		
3. Social Security No.			(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)					
4. Full legal name		Last		First		Middle		
5. Address		6. Home Phone				( )		
		7. Business Phone				( )		
		8. E-mail Address						
City		State		Zip				
9. EDUCATION								
a. Check highest grade completed			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			Year Completed		
b. If you did not complete high school, do you have a high school equivalency diploma?					<input type="checkbox"/> Yes <input type="checkbox"/> No		Date Received	
c. Check number of years of post high school education			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7					
Name and Location of Institution				Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1.								
2.								
3.								
d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:								
10. EXPERIENCE — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No								
a. Job Title					Duties:			
Employer								
Address								
Phone								
Type of business								
Immediate supervisor								
Title					Number and titles of employees you supervised			
Salary (start)			(finish)		Equipment used			
Dates (mo/yr)			to (mo/yr)		Reason for leaving			
Full-time		Part-time		Hours/week		Your name if different from present		
b. Job Title					Duties:			
Employer								
Address								
Phone								
Type of business								
Immediate supervisor								

Title						Number and titles of employees you supervised					
Salary (start)				(finish)			Equipment used				
Dates (mo/yr)				to (mo/yr)				Reason for leaving			
Full-time				Part-time			Hours/week			Your name if different from present	
d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:											
e. Automated word processing (specify equipment)											
Typing speed				words per minute.				Shorthand speed		words per minute	
f. License (to include driver's), certificate or other authorization to practice a trade or profession.											
Type		License Number				Granted by (licensing board)					
11. REFERENCES											
List names, addresses and relationships of three persons not related to you who know your qualifications:											
Name		Address				Phone			Relationship		
12. MISCELLANEOUS											
a. Check which shift you will accept: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends Specify shift hours											
b. Check which job status you would accept: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (specify)											
c. Check which employment status you'd accept: <input type="checkbox"/> Salaried (benefits) <input type="checkbox"/> Hourly (No benefits) <input type="checkbox"/> Part-time salaried (leave benefits only)											
d. Are you willing to accept employment which requires you to travel? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, <input type="checkbox"/> During the day only, <input type="checkbox"/> Occasionally overnight, <input type="checkbox"/> Frequently overnight.											
e. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?											
<input type="checkbox"/> Yes <input type="checkbox"/> No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.											
f. Are you willing to provide your own transportation if necessary for your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No.											
g. Have you ever been convicted for any violation(s) of law, including moving traffic violations. <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide the following:											
Description of offense:											
Statute or ordinance(if known ): Date of Charge: ; Date of Conviction											
County, City, State of											
(For additional convictions use plain paper. Include all information listed above.)											
13. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)											
Month		Day		Year							
14. CERTIFICATION--Each Application Requires Current Date and Original Signature											
I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Town Of Nolensville to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.											
Date		Applicant Signature									

# Supplementary Experience Form

Social Security Number \_\_\_\_\_ Position Applied For \_\_\_\_\_  
 Name \_\_\_\_\_

<b>Job Title</b>				<b>Duties:</b>					
<b>Employer</b>									
<b>Address</b>									
<b>Phone</b>									
<b>Type of business</b>									
<b>Immediate supervisor</b>									
<b>Title</b>				<b>Number and titles of employees you supervised</b>					
<b>Salary (start)</b>				<b>(finish)</b>				<b>Equipment used</b>	
<b>Dates (mo/yr)</b>				<b>to (mo/yr)</b>				<b>Reason for leaving</b>	
<b>Full-time</b>	<b>Part-time</b>		<b>Hours/week</b>	<b>Your name if different from present</b>					
<b>Job Title</b>				<b>Duties:</b>					
<b>Employer</b>									
<b>Address</b>									
<b>Phone</b>									
<b>Type of business</b>									
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<b>Dates (mo/yr)</b>				<b>to (mo/yr)</b>				<b>Reason for leaving</b>	
<b>Full-time</b>	<b>Part-time</b>		<b>Hours/week</b>	<b>Your name if different from present</b>					
<b>Job Title</b>				<b>Duties:</b>					
<b>Employer</b>									
<b>Address</b>									
<b>Phone</b>									
<b>Type of business</b>									
<b>Immediate supervisor</b>									
<b>Title</b>				<b>Number and titles of employees you supervised</b>					
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<b>Full-time</b>	<b>Part-time</b>		<b>Hours/week</b>	<b>Your name if different from present</b>					
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<b>Employer</b>									
<b>Address</b>									
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<b>Dates (mo/yr)</b>				<b>to (mo/yr)</b>				<b>Reason for leaving</b>	
<b>Full-time</b>	<b>Part-time</b>		<b>Hours/week</b>	<b>Your name if different from present</b>					